## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new of maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
4.14			paj hav	ve its own certificate	paper, such as an assignm of mailing or transmission.	ent or formal drawing, must
ROTHWELL, FIGG, ERNST & MANBECK, P.C. 1425 K STREET, N.W. SUITE 800				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON	, DC 20005		Г	(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/625,934	07/24/2003 K		enneth David Reginald Setchell		3515-103	9470
TITLE OF INVENTION:	COMPOSITIONS AN	D PRODUCTS CONTAI	NING S-EQUOL, AND I	METHODS FOR TH	EIR MAKING	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/13/2008
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	]		
CHUNG, SUSA	ANNAH LEE	1626	514-456000	_		
1. Change of corresponder CFR 1.363).	nce address or indication	of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.    Comparison of the patent front page, list   Comparison of the page   Comparison of the pa			
	ndence address (or Cha	nge of Correspondence				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)		
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee assignment.	is identified below, the d	ocument has been filed for
(A) NAME OF ASSIG	NEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
CHILDREN'S HOSPITAL MEDICAL CENTER CINCINNATI, OHIO AUSTRALIAN HEALTH & NUTRITION ASSOC. LTD. NEW SOUTH WALES, AUSTRALIA						
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Corp	poration or other private gro	oup entity 🗖 Government
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee			A check is enclosed.			
☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies5			<ul> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number</li></ul>			
			overpayment, to Depo	sit Account Number	02-2135 (enclose a	n extra copy of this form).
5. Change in Entity Statu a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.			ENTITY status. See 37 Cl	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requ cords of the United Stat	ired) will not be accepted es Patent and Trademark	I from anyone other than to Office.	he applicant; a registe	ered attorney or agent; or th	ne assignee or other party in
Authorized Signature	18th	2		Date Ma	y 28, 2008	
Typed or printed name Patrick T. Skacel Registration No. 47,948						
					public which is to file (and nutes to complete, includin ments on the amount of tir ademark Office, U.S. Depa SEND TO: Commissioner in plays a valid OMB control	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.